

Case Number:	CM14-0064117		
Date Assigned:	07/11/2014	Date of Injury:	04/10/1995
Decision Date:	09/16/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/05/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 58-year-old male who reported a crushing injury to his right thumb on 04/10/1995. A Request for Authorization dated 03/20/2014 listed this injured worker's diagnosis as rotator cuff tendonitis. It included a request for a home exercise kit for the shoulder. The Request for Authorization dated 04/17/2014 listed his diagnosis as rotator cuff tear of the right shoulder and the procedure requested was a right shoulder acromioplasty with rotator cuff repair, possible Mumford procedure, for preoperative medical clearance, and durable medical equipment, unspecified. Progress note dated 03/18/2014 stated that this injured worker continued to have significant shoulder problems and progressive loss of range of motion in the right shoulder, necessitating a shoulder decompression acromioplasty and repair. There was no other documentation indicating rotator cuff tear nor were there any electrodiagnostic or imaging studies to verify this diagnosis. There was no rationale for the requested durable medical equipment. The Request for Authorization dated 03/20/2014 was included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Shoulder Home Exercise Rehab Kit-E1399: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Comp 18th Edition, 2013 Updates: Shoulder Chapter; Exercises, Home exercise kits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Durable medical equipment (DME).

Decision rationale: In the Official Disability Guidelines, durable medical equipment (DME) is recommended generally if there is a medical need and if the device or system meets Medicare's definition of DME, defined as equipment which can withstand repeated use, for example, could normally be rented and used by successive patients and is primarily and customarily used to serve a medical purpose. There was no documentation submitted of evidence of failed trials of physical therapy, acupuncture, chiropractic treatments, or home exercise program. Additionally, the request did not specify a body part or parts on which this exercise kit was to have been used. The clinical information submitted failed to meet the evidence-based guidelines for durable medical equipment. Therefore, this request for Shoulder Home Exercise Rehab Kit-E1399 is not medically necessary.